



Application for Scholarship Aid

Qualifications of Recipient

The recipient must be a female living in the Twin Boros or a female sponsored by an active RWA member desiring to continue her post-secondary education. The award is based on overall potential, participation in school activities and the community, academic performance and financial need. **All applications must be submitted on or before Monday, April 6, 2009.** This application will not be considered if it is received after the 6th or if it is not completed in its entirety. Thank you.

1. Applicant's Name _____

2. Phone number _____

3. Applicant's Address

4. Name of Applicant's Parents (if residing with parents)

5. Please include two reference names and telephone numbers with your application. They may be academic, work or personal references.

6. School Activities/Volunteer Experience:

7. Please list employment history, including part-time or summer work.

8. Education plans, include your planned major or field of study.

9. Names of colleges, schools or training programs to which you have applied/attend and their estimated cost.

Program	Length	Cost(per year)
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10. Please state reason(s) why you are applying for this scholarship.

11. Essay Question: The focus of our organization is the empowerment and support of women. On a separate sheet of paper, please type, in 500 words or less, your response to the following question. **Please describe a woman in your life or in history that has inspired you and why.**

12. Scholastic information about the applicant, (Optional if out of high school five years or more).

Cumulative Percentage Average or GPA: _____

13. Gross family income: Please check one.

Under \$25,000 _____

\$25,000-\$50,000 _____

Above \$50,000 _____

14. Number of individuals supported by this income, including applicant. _____

15. Number of individuals in post-high school education during 2009-2010, including applicant. _____

Permission is hereby granted for the Financial Aid Office of the above mentioned institution(s) to provide RWA with verification of the requested information.

Signature of Applicant _____

Please return completed application to:

RWA
c/o Megan Collins
144 Oak Meadow Drive
Oakmont, PA 15139

megandmike@verizon.net

412-826-8226